

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001378

STATE FILE NUMBER

AMENDED

Registration District No. 188

Primary Registration District No. 5-0-26

Registrar's No. 64

FILED JAN 16 1962

1. PLACE OF DEATH

a. COUNTY

Hickory

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Shank Township

Length of stay in 1b

3 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

4 miles East of Preston

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Hickory

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Argentine Ode Kearney

4. DATE OF DEATH

Month

Day

Year

JAN. 16 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-13-84

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Quincy Ohio

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Cyrus Elliott Kearney

13b. MOTHER'S MAIDEN NAME

Marvett Trowbridge

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Orville L. Kearney

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Sarcocystis Thrombosis

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

and last saw her alive on

Death occurred at 10:30

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard H. Kearney, Coroner

22b. ADDRESS

2 Heathland, MO

22c. DATE SIGNED

1-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan 14-62

23c. NAME OF CEMETERY OR CREMATORY

Creston Cemetery

23d. LOCATION (City, town, or county)

Kellburg, MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

Richard H. Kearney - 2 Heathland, MO

25. DATE RECD. BY LOCAL REG.

Jan 13, 1962

26. REGISTRAR'S SIGNATURE

Mary Johnson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas. E. H. Hawkey

Licensed Embalmer No. 4267

P. O. Address 1444 14th St. N.E.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.